

General

Guideline Title

Family caregiving. In: Evidence-based geriatric nursing protocols for best practice.

Bibliographic Source(s)

Messecar DC. Family caregiving. In: Boltz M, Capezuti E, Fulmer T, Zwicker D, editor(s). Evidence-based geriatric nursing protocols for best practice. 4th ed. New York (NY): Springer Publishing Company; 2012. p. 469-99.

Guideline Status

This is the current release of the guideline.

This guideline updates a previous version: Messecar DC. Family caregiving. In: Fulmer T, Capezuti E, Zwicker D, Mezey M, editor(s). Evidence-based geriatric nursing protocols for best practice. 3rd ed. New York (NY): Springer Publishing Company; 2008. p. 127-60.

Recommendations

Major Recommendations

Levels of evidence (I–VI) are defined at the end of the "Major Recommendations" field.

Parameters of Assessment

Caregiving Context

- Caregiver relationship to care recipient (spouse, non-spouse) (Gitlin et al., 2003 [Level I]; Sörensen, Pinquart, & Duberstein, 2002 [Level I])
- Caregiver roles and responsibilities
 - Duration of caregiving (Sörensen, Pinquart, & Duberstein, 2002 [Level I])
 - Employment status (work/home/volunteer) (Pinquart & Sörensen, 2004 [Level I])
 - Household status (number in home, etc.) (Pinquart & Sörensen, 2004 [Level I])
 - Existence and involvement of extended family and social support (Pinquart & Sörensen, 2004 [Level I])
- Physical environment (home, facility) (Vitaliano, Zhang, & Scanlan, 2003 [Level I])
- Financial status (Vitaliano, Zhang, & Scanlan, 2003 [Level I])
- Potential resources that caregiver could choose to use—list (Pinquart & Sörensen, 2004 [Level I])
- Family's cultural background (Dilworth-Andersen, Williams, & Gibson, 2002 [Level I])

Caregiver's Perception of Health and Functional Status of Care Recipient

- List activities care receiver needs help with; include both activities of daily living (ADLs) and instrumental ADL (IADLs) (Pinquart & Sörensen, 2004 [Level I]).
- Presence of cognitive impairment—if yes, any behavioral problems (Gitlin et al., 2003 [Level I]; Sörensen, Pinquart, & Duberstein, 2002 [Level I])?
- Presence of mobility problems—assess with single question (Archbold et al., 1990 [Level II]).

Caregiver Preparedness for Caregiving

Does caregiver have the skills, abilities, or knowledge to provide care recipient with needed care? (See *Try This*® - issue 28: Preparedness for Caregiving Scale; see the "Availability of Companion Documents" field.)

Quality of Family Relationships

The caregiver's perception of the quality of the relationship with the care receiver (Archbold et al., 1990 [Level II]; Messecar, Parker-Walsch, & Lindaur, 2010 [Level VI])

Indicators of Problems with Quality of Care

- Unhealthy environment
- Inappropriate management of finances
- Lack of respect for older adult (see *Try This*® - issue 15: Elder Mistreatment Assessment; see the "Availability of Companion Documents" field)

Caregiver's Physical and Mental Health Status

- Self-rated health: single item—asks what is caregivers' perception of their health (Pinquart & Sörensen, 2006 [Level I]).
- Health conditions and symptoms
 - Depression or other emotional distress (e.g., anxiety) (Pinquart & Sörensen, 2003 [Level I]; Pinquart & Sörensen, 2006 [Level I]; Sörensen, Pinquart, & Duberstein, 2002 [Level I])
 - Reports of burden or strain (Schulz & Beach, 1999 [Level II]; Vitaliano, Zhang, & Scanlan, 2003 [Level II]) (see *Try This*® - issue 14: The Modified Caregiver Strain Index; see the "Availability of Companion Documents" field.)
- Rewards of caregiving
 - List of perceived benefits of caregiving (Archbold et al., 1995 [Level II])
 - Satisfaction of helping a family member
 - Developing new skills and competencies
 - Improved family relationships
- Self-care activities for caregiver

Nursing Care Strategies

- Identify content and skills needed to increase preparedness for caregiving (Acton & Winter, 2002 [Level I]; Farran et al., 2003 [Level IV]; Gitlin et al., 2003 [Level I]; Pusey & Richards, 2001 [Level I]; Sörensen, Pinquart, & Duberstein, 2002 [Level I]).
- Form a partnership with the caregiver prior to generating strategies to address issues and concerns (Brodaty, Green, & Koschera, 2003 [Level I]; Gitlin et al., 2003 [Level I]; Harvath et al., 1994 [Level V]).
- Invite participation in care while in the hospital using the *Family Preferences Index*, a 14-item approach to exploring caregivers' personal choices for participating in the care of hospitalized older adult family members to determine preferences to provide care (see the "Availability of Companion Documents" field) (Messecar, Powers, & Nagel, 2008 [Level VI]).
- Identify the caregiving issues and concerns on which the caregiver wants to work and generate strategies (Acton & Winter, 2002 [Level I]; Gitlin et al., 2003 [Level I]; Sörensen, Pinquart, & Duberstein, 2002 [Level I]).
- Assist the caregiver in identifying strengths in the caregiving situation (Archbold et al., 1995 [Level II]).
- Assist the caregiver in finding and using resources (Archbold et al., 1995 [Level II]; Farran et al., 2004 [Level II]; Schumacher et al., 2002 [Level IV]). Help caregivers identify and manage their physical and emotional responses to caregiving (Schulz & Beach, 1999 [Level II]).
- Use an interdisciplinary approach when working with family caregivers (Acton & Winter, 2002 [Level I]; Farran et al., 2003 [Level IV]; Farran et al., 2004 [Level II]; Gitlin et al., 2003 [Level I]; Sörensen, Pinquart, & Duberstein, 2002 [Level I]).

Definitions:

Levels of Evidence

Level I: Systematic reviews (integrative/meta-analyses/clinical practice guidelines based on systematic reviews)

Level II: Single experimental study (randomized controlled trials [RCTs])

Level III: Quasi-experimental studies

Level IV: Non-experimental studies

Level V: Care report/program evaluation/narrative literature reviews

Level VI: Opinions of respected authorities/consensus panels

AGREE Next Steps Consortium (2009). Appraisal of guidelines for research & evaluation II. Retrieved from <http://www.agreetrust.org?o=1397> .

Adapted from: Melnyck, B. M. & Fineout-Overholt, E. (2005). Evidence-based practice in nursing & health care: A guide to best practice. Philadelphia, PA: Lippincott Williams & Wilkins and Stetler, C.B., Morsi, D., Rucki, S., Broughton, S., Corrigan, B., Fitzgerald, J., et al. (1998). Utilization-focused integrative reviews in a nursing service. Applied Nursing Research, 11(4) 195-206.

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

Illness or functional impairment requiring family caregiving

Guideline Category

Evaluation

Management

Risk Assessment

Clinical Specialty

Family Practice

Geriatrics

Nursing

Intended Users

Advanced Practice Nurses

Allied Health Personnel

Health Care Providers

Nurses

Physician Assistants

Physicians

Guideline Objective(s)

To provide a standard of practice protocol to identify viable strategies to monitor and support family caregivers

Target Population

Family caregivers

Interventions and Practices Considered

Assessment/Evaluation

1. Assessment of caregiver context, including roles and responsibilities
2. Assessment of caregiver's perception of care recipient's health and functional status
3. Evaluation of preparedness for caregiving
4. Evaluation of quality of family relationships
5. Assessment of indicators of problems with quality of care
6. Evaluation of caregiver's physical and mental-health status

Management

1. Identification of content and skills needed to increase preparedness for caregiving
2. Partnership with the caregiver and strategies to address issues and concerns
3. Identification of caregiver issues and concerns, strengths, and resources
4. Assisting caregivers in management of their physical and emotional responses to caregiving
5. Interdisciplinary approach

Major Outcomes Considered

- Quality of caregiving
- Functional status and emotional well-being
- Adverse events

Methodology

Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Hand-searches of Published Literature (Secondary Sources)

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

Although the Appraisal of Guidelines for Research and Evaluation (AGREE) instrument (described in Chapter 1 of the original guideline document, *Evidence-based Geriatric Nursing Protocols for Best Practice*, 4th ed.) was created to critically appraise clinical practice guidelines, the process and criteria can also be applied to the development and evaluation of clinical practice protocols. Thus, the AGREE instrument has been expanded (i.e., AGREE II) for that purpose to standardize the creation and revision of the geriatric nursing practice guidelines.

The Search for Evidence Process

Locating the best evidence in the published research is dependent on framing a focused, searchable clinical question. The PICO format—an

acronym for population, intervention (or occurrence or risk factor), comparison (or control), and outcome—can frame an effective literature search. The editors enlisted the assistance of the New York University Health Sciences librarian to ensure a standardized and efficient approach to collecting evidence on clinical topics. A literature search was conducted to find the best available evidence for each clinical question addressed. The results were rated for level of evidence and sent to the respective chapter author(s) to provide possible substantiation for the nursing practice protocol being developed.

In addition to rating each literature citation as to its level of evidence, each citation was given a general classification, coded as "Risks," "Assessment," "Prevention," "Management," "Evaluation/Follow-up," or "Comprehensive." The citations were organized in a searchable database for later retrieval and output to chapter authors. All authors had to review the evidence and decide on its quality and relevance for inclusion in their chapter or protocol. They had the option, of course, to reject or not use the evidence provided as a result of the search or to dispute the applied level of evidence.

Developing a Search Strategy

Development of a search strategy to capture best evidence begins with database selection and translation of search terms into the controlled vocabulary of the database, if possible. In descending order of importance, the three major databases for finding the best primary evidence for most clinical nursing questions are the Cochrane Database of Systematic Reviews, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Medline or PubMed. In addition, the PsycINFO database was used to ensure capture of relevant evidence in the psychology and behavioral sciences literature for many of the topics. Synthesis sources such as UpToDate® and British Medical Journal (BMJ) Clinical Evidence and abstract journals such as Evidence Based Nursing supplemented the initial searches. Searching of other specialty databases may have to be warranted depending on the clinical question.

It bears noting that the database architecture can be exploited to limit the search to articles tagged with the publication type "meta-analysis" in Medline or "systematic review" in CINAHL. Filtering by standard age groups such as "65 and over" is another standard categorical limit for narrowing for relevance. A literature search retrieves the initial citations that begin to provide evidence. Appraisal of the initial literature retrieved may lead the searcher to other cited articles, triggering new ideas for expanding or narrowing the literature search with related descriptors or terms in the article abstract.

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Levels of Evidence

Level I: Systematic reviews (integrative/meta-analyses/clinical practice guidelines based on systematic reviews)

Level II: Single experimental study (randomized controlled trials [RCTs])

Level III: Quasi-experimental studies

Level IV: Non-experimental studies

Level V: Care report/program evaluation/narrative literature reviews

Level VI: Opinions of respected authorities/consensus panels

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Methods Used to Analyze the Evidence

Review of Published Meta-Analyses

Systematic Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Not stated

Rating Scheme for the Strength of the Recommendations

Not applicable

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

External Peer Review

Internal Peer Review

Description of Method of Guideline Validation

Not stated

Evidence Supporting the Recommendations

References Supporting the Recommendations

Acton GJ, Winter MA. Interventions for family members caring for an elder with dementia. Annu Rev Nurs Res. 2002;20:149-79. [73 references] [PubMed](#)

Archbold PG, Stewart BJ, Greenlick MR, Harvath T. Mutuality and preparedness as predictors of caregiver role strain. Res Nurs Health. 1990 Dec;13(6):375-84. [PubMed](#)

Archbold PG, Stewart BJ, Miller LL, Harvath TA, Greenlick MR, Van Buren L, Kirschling JM, Valanis BG, Brody KK, Schook JE, et al. The PREP system of nursing interventions: a pilot test with families caring for older members. Preparedness (PR), enrichment (E) and

predictability (P). *Res Nurs Health*. 1995 Feb;18(1):3-16. [PubMed](#)

Brodaty H, Green A, Koschera A. Meta-analysis of psychosocial interventions for caregivers of people with dementia. *J Am Geriatr Soc*. 2003 May;51(5):657-64. [PubMed](#)

Dilworth-Anderson P, Williams IC, Gibson BE. Issues of race, ethnicity, and culture in caregiving research: a 20-year review (1980-2000). *Gerontologist*. 2002 Apr;42(2):237-72. [169 references] [PubMed](#)

Farran CJ, Gilley DW, McCann JJ, Bienias JL, Lindeman DA, Evans DA. Psychosocial interventions to reduce depressive symptoms of dementia caregivers: a randomized clinical trial comparing two approaches. *J Ment Health Aging*. 2004;10(4):337-50.

Farran CJ, Loukissa D, Perraud S, Paun O. Alzheimer's disease caregiving information and skills. Part I: care recipient issues and concerns. *Res Nurs Health*. 2003 Oct;26(5):366-75. [PubMed](#)

Gitlin LN, Belle SH, Burgio LD, Czaja SJ, Mahoney D, Gallagher-Thompson D, Burns R, Hauck WW, Zhang S, Schulz R, Ory MG, REACH Investigators. Effect of multicomponent interventions on caregiver burden and depression: the REACH multisite initiative at 6-month follow-up. *Psychol Aging*. 2003 Sep;18(3):361-74. [PubMed](#)

Harvath TA, Archbold PG, Stewart BJ, Gadow S, Kirschling JM, Miller L, Hagan J, Brody K, Schook J. Establishing partnerships with family caregivers. Local and cosmopolitan knowledge. *J Gerontol Nurs*. 1994 Feb;20(2):29-35; quiz 42-3. [PubMed](#)

Messecar D, Powers BA, Nagel CL. The Family Preferences Index: helping family members who want to participate in the care of a hospitalized older adult. *Am J Nurs*. 2008 Sep;108(9):52-9; quiz 59-60. [PubMed](#)

Messecar DC, Parker-Walsch C, Lindauer A. Family caregiving. In: Hirth V, Wieland D, Dever-Bumba M, editor(s). *Case-based geriatrics: a global approach*. Burr Ridge (IL): McGraw-Hill; 2010.

Pinquart M, Sorensen S. Associations of caregiver stressors and uplifts with subjective well-being and depressive mood: a meta-analytic comparison. *Aging Ment Health*. 2004 Sep;8(5):438-49. [PubMed](#)

Pinquart M, Sorensen S. Differences between caregivers and noncaregivers in psychological health and physical health: a meta-analysis. *Psychol Aging*. 2003 Jun;18(2):250-67. [147 references] [PubMed](#)

Pinquart M, Sorensen S. Gender differences in caregiver stressors, social resources, and health: an updated meta-analysis. *J Gerontol B Psychol Sci Soc Sci*. 2006 Jan;61(1):P33-45. [PubMed](#)

Pusey H, Richards D. A systematic review of the effectiveness of psychosocial interventions for carers of people with dementia. *Aging Ment Health*. 2001 May;5(2):107-19. [60 references] [PubMed](#)

Schulz R, Beach SR. Caregiving as a risk factor for mortality: the Caregiver Health Effects Study. *JAMA*. 1999 Dec 15;282(23):2215-9. [PubMed](#)

Schumacher KL, Koresawa S, West C, Hawkins C, Johnson C, Wais E, Dodd M, Paul SM, Tripathy D, Koo P, Miaskowski C. Putting cancer pain management regimens into practice at home. *J Pain Symptom Manage*. 2002 May;23(5):369-82. [PubMed](#)

Sorensen S, Pinquart M, Duberstein P. How effective are interventions with caregivers? An updated meta-analysis. *Gerontologist*. 2002 Jun;42(3):356-72. [135 references] [PubMed](#)

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for selected recommendations (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

Caregiving Transitions

- Lower caregiver strain
- Decreased depression
- Improved physical health

Patient

- Quality of family caregiving
- Care recipient functional status, nutrition, hygiene, and symptom management
- Care recipient emotional well-being
- Decreased occurrence of adverse events such as increased frequency of emergent care

Potential Harms

Not stated

Implementation of the Guideline

Description of Implementation Strategy

An implementation strategy was not provided.

Implementation Tools

Chart Documentation/Checklists/Forms

Foreign Language Translations

Mobile Device Resources

Resources

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Living with Illness

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Identifying Information and Availability

Bibliographic Source(s)

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Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2008 (revised 2012)

Guideline Developer(s)

Hartford Institute for Geriatric Nursing - Academic Institution

Guideline Developer Comment

The guidelines were developed by a group of nursing experts from across the country as part of the Nurses Improving Care for Health System Elders (NICHE) project, under sponsorship of the Hartford Institute for Geriatric Nursing, New York University College of Nursing.

Source(s) of Funding

Hartford Institute for Geriatric Nursing

Guideline Committee

Not stated

Composition of Group That Authored the Guideline

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Financial Disclosures/Conflicts of Interest

Not stated

Guideline Status

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Guideline Availability

Electronic copies: Available from the [Hartford Institute for Geriatric Nursing Web site](#) .

Copies of the book *Evidence-Based Geriatric Nursing Protocols for Best Practice*, 4th edition: Available from Springer Publishing Company, 536 Broadway, New York, NY 10012; Phone: (212) 431-4370; Fax: (212) 941-7842; Web: www.springerpub.com .

Availability of Companion Documents

The following are available:

- *Try This*® - issue 28: Preparedness for Caregiving Scale. New York (NY): Hartford Institute for Geriatric Nursing; 2 p. 2010. Electronic copies: Available in Portable Document Format (PDF) from the [Hartford Institute for Geriatric Nursing Web site](#) .
- *Try This*® - issue 14: The Modified Caregiver Strain Index (CSI). New York (NY): Hartford Institute for Geriatric Nursing; 2 p. 2013. Electronic copies: Available in PDF from the [Hartford Institute for Geriatric Nursing Web site](#) .
- *Try This*® - issue 15: Elder mistreatment assessment. New York (NY): Hartford Institute for Geriatric Nursing; 2 p. 2012. Electronic copies: Available in PDF in [English](#) and [Spanish](#) from the Hartford Institute for Geriatric Nursing Web site.
- The Modified Caregiver Strain Index (CSI). How to Try This video. Available from the [Hartford Institute for Geriatric Nursing Web site](#) .
- Elder mistreatment assessment. How to Try This video. Available from the [Hartford Institute for Geriatric Nursing Web site](#) .

The ConsultGeriRN app for mobile devices is available from the [Hartford Institute for Geriatric Nursing Web site](#) .

Patient Resources

None available

NGC Status

This NGC summary was completed by ECRI Institute on June 16, 2008. The information was verified by the guideline developer on August 4, 2008. This NGC summary was updated by ECRI Institute on June 24, 2013. The updated information was verified by the guideline developer on August 6, 2013.

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